

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/22/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/20/2013
NAME OF PROVIDER OR SUPPLIER  INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37860		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow physician's orders for one resident (#88) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #88 was admitted to the facility on March 16, 2013, with diagnoses including Hypertension, Back Pain, Coronary Artery Disease, and Chronic Obstructive Pulmonary Disease.</p> <p>Medical record review of the Physician's Orders dated March 16, 2013, revealed "...Xanax (anxiety)...1 mg (milligram)...1 tab po (by mouth) with meals...Hold for sedation, decreased RR (respiratory rate) or SBP (systolic blood pressure) (less than) 100..."</p> <p>Medical record review of the vital signs dated March 18, 2013, at 7:40 a.m., revealed the blood pressure was 98/56.</p> <p>Medical record review of the Electronic Clinical</p>	F 309	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Xanax 1mg was administered to resident #88 outside blood pressure parameters on 3/18/13. Patient experienced mild sedation for 24 hours with no significant harm to the resident. Counseling was given to the nurse on 3/18/13 who administered the medication outside of parameters.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All TCU nurses were informed of the deficiency details by 3/27/13. Education by the DON included: following MD orders completely, reviewing orders daily for any changes, reading comments in the Electronic Medication System that may pertain to the medication and that medication parameters must be followed before administering.</p>	<p>3/18/13</p> <p>3/27/13</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**TITLE**

(XB) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>Summary Medication Administration Record dated March 18, 2013, revealed Xanax 1 mg was administered at 8:45 a.m.</p> <p>Medical record review of a Physician's Progress Note dated March 19, 2013, revealed "...decrease) Xanax (second to) lethargy (drowsiness)..."</p> <p>Medical record review of a Physician's Order dated March 19, 2013, revealed "...Xanax 0.5mg...1 tab po with meals...hold for sedation, decreased RR or SBP (less than) 100..."</p> <p>Observation on March 18, 2013, at 2:00 p.m., 3:00 p.m. and 4:00 p.m., revealed the resident lying on the bed with eyes closed.</p> <p>Observation on March 19, 2013, at 7:45 a.m., revealed the resident lying on the bed with eyes closed. Continued observation revealed the resident would awaken when name was called, but then closed eyes again.</p> <p>Observation on March 19, 2013, at 9:00 a.m. and 12:30 p.m., revealed the resident lying on the bed with eyes closed.</p> <p>Interview on March 19, 2013, at 3:30 p.m., with the Director of Nursing (DON), in the DON's office, confirmed the Physician's Orders were not followed.</p>			F 309	<p>What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur?</p> <p>A medication administration MAR review has been initiated; this will identify medications with parameters and the appropriate administration on a daily basis. The charge nurse of the shift will review 50% of the census of that shift. The DON will monitor this for a minimum of 90 days to assure compliance.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <p>The DON will do progressive counseling for any nurse who does not follow the correct practice for administering medications. The DON will continue to do random audits of the Medication Administration Records for an additional 3 months to assure compliance is maintained.</p>		3/27/13
F 314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores</p>			F 314			

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F 314	<p>Continued From page 2</p> <p>does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to follow physician's orders for wound care for three residents (#87, #97, #98) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #87 was admitted to the facility on March 15, 2013, with diagnoses including Pneumonia, Deep Vein Thrombosis, Anticoagulant Use, Stage 2 Pressure Ulcer, and Congestive Heart failure.</p> <p>Medical record review of the electronic Nursing Notes dated March 16-19, 2013, revealed the resident received treatment for a Stage 2 Pressure Ulcer of the left gluteal (buttock) area with Aloe Vesta (a medicated ointment used to treat pressure ulcers). Continued medical record review revealed no corresponding Physicians Orders for pressure ulcer treatment were present.</p> <p>Observation of the resident on March 19, 2013, at 3:45 p.m., in the residents room revealed, the resident with a Stage 2 pressure ulcer measuring 1.0 cm (cubic centimeters) x (by) 0.5 cm x 0.0 cm on the right lateral coccyx, and a second</p>	F 314	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident 87. An order for wound care was not present, and the resident was receiving treatment. An order for wound care consult was obtained at 16:11 on 3/19/13 and physician orders were obtained and initiated on 3/19/13.</p> <p>Residents 97 and 98. A wound care consult was done and orders initiated. Barrier ointments were not documented as ordered. A skin assessment was completed on 3/19/13. The wound care had not been done as ordered but the wounds on both residents were improved.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what action will be taken?</p> <p>All TCU nurses were informed of the deficiency and counseled on following physician's orders and the appropriate documentation of treatments by 3/27/13. Education by the DON</p>	3/19/13	3/27/13

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F 314	<p>Continued From page 3</p> <p>Stage 2 pressure ulcer measuring 1.0 cm x .10 cm x 0.0 cm on the left lateral coccyx.</p> <p>Interview with the Director of Nursing on March 19, 2013, at 4:30 p.m., in the conference room, confirmed the facility had failed to obtain Physician's Orders for treatment of the wound.</p> <p>Resident #97 was admitted to the facility on March 11, 2013, with diagnoses including Respiratory Failure, Congestive Heart Failure, and Chronic Kidney Disease Stage IV.</p> <p>Review of the Braden Scale (10 or above high risk) dated March 11, 2013, revealed the resident was at moderate risk for the development of pressure ulcers.</p> <p>Medical record review of a Clinical Note dated March 11, 2013, revealed the resident had a Stage II pressure ulcer on the sacral area present on admission and wound care would be consulted.</p> <p>Medical record review of a Wound Care Consult dated March 12, 2013, revealed "...Right medical glut (buttock) with stage II pressure ulcer 2 (cm) x 1.9 (cm) x 0.2 (cm) periwound denuded scant amount of drainage noted...recommend Triad ointment (protective ointment) every 8 hours and PRN (as needed)..."</p> <p>Medical record review of a Physician's Order dated March 12, 2013, revealed the pressure ulcer to the buttock was to be cleansed and Triad was to be applied every eight hours.</p> <p>Medical record review of the electronic Treatment</p>	F 314	<p>and Wound Care Nurse included verification of the wound care orders, treatment to be administered, and where in the Electronic Health Record this treatment is to be documented. This will be done each shift. Verification that treatment was completed will be done by going to the wound care treatment order note to verify completion of treatments. At shift change hand-off nurses will communicate and verify all wound care has been completed as ordered.</p> <p>What measures will put into place or what systemic changes will be made to ensure that the deficient practice does not recur? All patients admitted with skin deficiencies will have the skin assessment reported by the admitting nurse to the shift leader and the shift leader will assure a wound care consult or physician is notified of the assessment within 24 hours of admission if orders are not present at admission to treat the skin deficiencies. The MDS Coordinator will review 100% of patients admitted with a decubitus or skin deficiency for compliance of the completion of the wound care consult or evidence of MD notification for orders and that wound care is documented for order. This will be done for 90 days.</p>	4/4/13	

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F 314	<p>Continued From page 4</p> <p>Order Notes revealed the pressure ulcer was treated with the Triad twice daily from March 12-18, 2013.</p> <p>Observation on March 19, 2013, at 4:10 p.m., with Licensed Practical Nurse (LPN) #1 revealed the resident lying on the bed. Continued observation revealed the resident was positioned on the left side, the incontinence brief was removed revealing a wound on the right buttock. Observation and interview with LPN #1 on March 19, 2013, at 4:10 p.m., revealed the wound was described by LPN #1 as a Stage II pressure ulcer measuring 0.3 cm X 0.5 cm with less than 0.2 cm in depth.</p> <p>Interview on March 19, 2013, at 3:35 p.m., with Registered Nurse (RN) #1, in the conference room, revealed the resident received wound care twice a day from March 12-18, 2013, and confirmed the resident did not receive the Triad ointment to the pressure ulcer every eight hours as ordered by the physician.</p> <p>Resident #98 was admitted to the facility on March 14, 2013, with diagnoses including Hypertension, Hypothyroid, Diabetes, Coronary Artery Disease, and Pressure Ulcer.</p> <p>Medical record review of the Braden Scale dated March 14, 2013, revealed a score of 11.</p> <p>Medical record review of a Progress Note dated March 15, 2013, revealed "...Wound Care Consult-Right medial glut (buttock) stage II pressure ulcer 1.2 (cm) x 1 (cm) x 0.2 (cm) with pink moist wound bed. Coccyx with three stage II pressure areas measuring 0.2 cm to 1 cm in</p>	F 314	<p>How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <p>The DON will do progressive counseling for any nurse who does not follow the correct practice for initiating a wound care consult or notifying the MD of skin deficiencies if orders are not present.</p>		

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F 314	<p>Continued From page 5</p> <p>diameter 0.1 cm depth. Scant amount of serosanguinous drainage. Patient very resistant to repositioning..."</p> <p>Medical record review of a Physician's Order dated March 15, 2013, revealed "...Wound Care: Stage II pressure ulcer right medial buttock/coccyx Cleanse with soft wipes...pat dry, apply Triad ointment to affected area every 12 hours..."</p> <p>Medical record review of a Progress Note dated March 19, 2013, revealed "...wound care consult-right medial glut stage II pressure ulcer 1.2 (cm) x 1 (cm) x 0.2 (cm) wound bed pink moist-periwound intact--coccyx stage II pressure ulcer 1 (cm) x 0.4 (cm) x 0.1 (cm) with 100% granulation...patient incontinent which is contributing to skin breakdown-recommend no diapers...keep off affected area as much as possible...recommend versa care bed."</p> <p>Medical record review of the Progress Note dated March 20, 2013, revealed "...Wound Care follow up-Right medial (buttock), coccyx...stage II pressure ulcers remain unchanged from 3/19/13 visit-Patient has versa bed in place to assist with preventing shearing and friction..."</p> <p>Medical record review of the Electronic Treatment Order Notes revealed treatment to the pressure ulcers documented one time a day on March 15, 16, 17 and 18, 2013.</p> <p>Observation and interview with Registered Nurse #3, on March 20, 2013, at 9:00 a.m., revealed the resident had a Stage II pressure ulcer to the right buttock and to the coccyx.</p>	F 314			

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F 314	Continued From page 6	F 314			
F 371 SS=F	<p>Interview on March 19, 2013, at 3:40 p.m. with Registered Nurse #1, in the conference room, confirmed the wound treatment was not done as ordered twice a day.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -            (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and            (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:            Based on observation, review of facility policy, and interview, the facility failed to provide sanitary storage of food and equipment.</p> <p>The findings included:</p> <p>Observation of the dietary department on March 18, 2013, from 10:30 a.m. until 11:30 a.m., revealed the following opened, undated, and available for use:</p> <p>Buttermilk biscuit, 5 pound box open            Cornbread mix, 5 pound box under the preparation table            (2) 18 ounce peanut butter jars on the preparation table            1 gal Italian free dressing in the reach in cooler</p>	F 371	<p>What corrective action will be accomplished for the residents found to have been affected by the deficient practice?            All items identified in F tag 371 were discarded immediately. No harm occurred to any patients</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?            The staff members that were delinquent in properly labeling and storing food on 3/18/13 were immediately counseled by the dietary director. Education with the remainder of the nutritional services staff was done by the dietary supervisor and was completed by</p>	3/18/13	

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F 371	Continued From page 7 16 oz. whipped topping in dispensing bag in the reach in cooler (4) 19.25 oz bottles of Vanilla, Raspberry, and Carmel plate decorating syrups in the reach in cooler. Banana extract 16 oz. in the reach in cooler Orange extract 16 oz. in the reach in cooler 1 gallon liquid butter under the preparation table  Further observation revealed a box of forty-eight four ounce hamburger patties stored over four containers of cooked macaroni and cheese in the walk-in cooler.  Review of facility policy, Food and Supply Storage Procedures, last revised on January 2012, revealed, "...cover, label, and date unused portions and open packages...Thaw meats in the cooler. Raw ingredients must be stored below cooked products..."  Interview with the Dietary Supervisor on March 18, 2013, at 11:35 a.m., in the dietary department, confirmed the open packages of food were not dated when opened and confirmed the raw hamburger patties were stored above the cooked macaroni and cheese in the walk-in cooler.	F 371	4-4-13 to include proper labeling and storage of food products. By 4-4-13, all nutritional services staff were given information sheets on appropriate temperatures for coolers and freezers.  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? In addition to the daily coolers/freezers temperature log checklist, a daily check-off list was implemented on 3/23/13 for the dietary supervisors to check all coolers and freezers to ensure food is labeled and stored per policy.  How will the corrective actions be monitored to ensure the deficient practice does not recur? The new process is the Dietary Director or designee will review the daily check-off form weekly to ensure the deficiency does not reoccur. The dietary director will do progressive counseling for any staff member that does not follow proper procedure for labeling and storage of food.	4/4/13	3/23/13
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control	F 441			



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F 441	<p>Continued From page 8</p> <p>Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food; if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, and interview, the facility failed to follow infection control standards for contact isolation for one resident (#82) of twenty-four residents reviewed.</p> <p>The findings included:</p>	F 441	<p>What corrective action has been accomplished for those residents found to have been affected by the deficient practice.</p> <p>The isolation breach was reviewed with nurse #4 on 3/20/13. Patient had a history of C-Diff and MRSA. Antibiotic therapy was completed on 3/15/13. Post antibiotic therapy patient was asymptomatic and no adverse outcome was noted for resident #82.</p>	3/20/13	3/15/13

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F 441	Continued From page 9 Observation on March 19, 2013, at 2:00 p.m., in the hallway outside the resident's room, during the medication pass, revealed the resident was in contact isolation for Clostridium Difficile (a contagious gastrointestinal illness spread by contact) and for MRSA (Methicillin Resistant Staphylococcus Aureus, a drug resistant contagious bacteria spread by airborne droplets or direct contact). Continued observation revealed, RN # 4 donned personal protective equipment (PPE), surgical mask, gloves, and isolation gown, entered the resident's room, made physical contact with the resident as medications were administered, then exited the room wearing the contaminated PPE and obtained a hand held bar code scanner from the medication cart in the hallway, returned to the resident room, scanned the resident armband, and returned the bar code scanner to the medication cart. Continued observation revealed RN #4 cleansed the top surface of the cart and bar code scanner with sanitary wipes while wearing contaminated PPE outside the resident's room. Continued observation revealed RN #4 held a clipboard with the contaminated left hand glove, as RN #4 cleansed the cart and barcode scanner with the right hand. Continued observation revealed RN #4 replaced the clipboard on top of the cleaned medication cart with the contaminated left gloved hand.  Interview with RN #4 on March 19, 2013, at 2:06 p.m. in the hallway outside the resident's room, confirmed the RN #4 had failed to follow the facility's contact isolation protocols.	F 441	How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Nurse #4 received re-education of the current isolation policy and procedure and received counseling on 3/20/13. By 4-5-2013, the remainder of the TCU staff received in-services by the DON and the Infection Prevention Practitioner on isolation policies and procedures.  What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The DON and/or shift leaders will make daily observations of staff when donning/doffing PPE and compliance of isolation policy and procedure. Laminated signs were made on 4/3/13 and added to the isolation equipment on patients door that show the proper way to remove protective isolation PPE. Signs also posted in the medication room.  How will the corrective actions be monitored to ensure the deficient practice will not recur? Unannounced observations upon rounding will be performed by the Infection Prevention Practitioner or designee weekly to observe infection control practices of staff and report noncompliance to the DON. The results will be reviewed monthly to determine if this was a deficient practice or an isolated event.	3/20/13 4/5/13  4/3/13	
F 514 SS=D	483.75(l)(1) RES RECORDS COMPLETE/ACCURATE/ACCESSIBLE	F 514			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/20/2013
NAME OF PROVIDER OR SUPPLIER  INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 514	<p>Continued From page 10</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure an accurate medical record for one resident (#88) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #88 was admitted to the facility on March 16, 2013, with diagnoses including Hypertension, Back Pain, Coronary Artery Disease, and Chronic Obstructive Pulmonary Disease.</p> <p>Medical record review of the Physician's Orders dated March 16, 2013, revealed "...Xanax (anxiety)...1 mg (milligram)...1 tab po (by mouth) with meals...Hold for sedation, decreased RR (respiratory rate) or SBP (systolic blood pressure) (less than) 100..."</p> <p>Medical record review of the vital signs revealed</p>	F 514	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #88's blood pressure was taken before the 8:22 am dose of Xanax was administered, blood pressure was 102/68, and this was not documented on the MAR. Blood pressure parameters state to hold Xanax if systolic blood pressure is 100 or below. Blood pressure was not recorded to reflect this. Counseling was given to the nurse on 3/18/13 who did not record B/P prior to giving medication.</p> <p>How will the facility identify other residents having the same potential to be affected by the same deficient practice and what corrective action will be taken? The other TCU nurses were informed of the deficiency on 3/20/13 and by 3/27/13, the DON educated the remaining TCU nurses on documentation and medication parameters.</p>	3/18/13	3/20/13 3/27/13

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NAME OF PROVIDER OR SUPPLIER  INDIAN PATH MEDICAL CENTER TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 BROOKSIDE DRIVE KINGSPORT, TN 37680		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 514	<p>Continued From page 11</p> <p>the blood pressure was 92/60 at 8:00 a.m. on March 19, 2013.</p> <p>Medical record review of the Medication Administration Record dated March 19, 2013, revealed the Xanax 1 mg was initiated as administered at 8:22 a.m.</p> <p>Interview on March 19, 2013, at 3:00 p.m., with Licensed Practical Nurse (LPN) #2, in the nursing station, confirmed LPN #2 obtained the blood pressure prior to administering the Xanax but did not document the results of the blood pressure of 102/68.</p>	F 514	<p>What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur. A medication administration MAR review form has been initiated; this will identify medications with parameters and the appropriate administration on a daily basis. The charge nurse of the shift will review 50% of the census of that shift. The DON will monitor this for a minimum of 90 days to ensure compliance.</p> <p>How will the corrective action be monitored to ensure the deficient practice does not recur? The DON will do progressive counseling for any nurse who does not follow the correct practice for administering medications.</p> <p>The DON will continue to do random audits of the Medication Administration Records for an additional 3 months to assure compliance is maintained.</p>		